

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION ☐ UNCLASSIFIED

**Part 1 - Items 1 through 12 to be completed by department head or personnel office.**

1. Agency Name Department for Children and Families		9. Position No.	10. Budget Program Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) Human Services Assistant	
3. Division Prevention and Protection Services			12. Proposed Class Title	
4. Section Adult Protective Services	For  Use  By  Personnel  Office	13. Allocation		
5. Unit Adult Protective Services		14. Effective Date		
6. Location (address where employee works)  City Wichita County Sedgwick		15. By	Approved	
7. (circle appropriate time) Full time X Perm. X Inter. Part time Temp. % Regular		16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM To: 5:00 PM		17. Audit Date: By: Date: By:		

Agency  
Number

Position  
Number

**PART II - To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
April Shine	Adult Protection Supervisor	K0073228

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
April Shine	Adult Protection Supervisor	K0073228

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Work is performed from general direction requiring foresight, initiative, and exercise of independent judgment. Verbal and/or written assignments are general and outcome oriented, allowing for, and requiring the employee considerable latitude for independent judgment.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	<p>The person in this position has access to protected health information (PHI) under the provisions of the Health Information Portability Act of 1996 (HIPAA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.</p> <p>In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strengths and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.</p>
45%	E	<p><b>JOB RESPONSIBILITY</b></p> <p>Assists APS Adult Protection Workers with home visits as needed in order to assist with information, consumer services and/or to increase safety.</p> <p>Addition APS unit support as assigned: Assist Adult Protection Workers with collateral contacts and provide needed information through documentation in KIPS. Assists Adult Protection Workers in completion of various aspects of paperwork. Such tasks may include filing and form completion, speaking to clients or others in the absence of Adult Protection Workers in order to gather or relay needed information or documentation.</p>
30%	E	<p><b>COMMUNICATION/DOCUMENTATION</b></p> <p>This work requires flexibility based upon the needs of the Adult Protection Workers. Supports the overall agency operation by participating in cross-functional teamwork. Duties include: working with other agencies and programs: Assist Adult Protection Workers with Medicaid/KanCare data, collect and prepare materials for referrals to contractors and community providers on behalf of the Adult Protection Workers, gathering information to obtain social security cards, birth records, service plan agreements, obtain needed case information and collaboration with community agencies. Utilize computer information system, including KAESCES, Smart and Driver's license information screens.</p> <p>Plans and organizes workload to ensure work is completed and deadlines are met. Completes all required documents in order for the client to receive the services.</p>
15%	E	<p><b>ADMINISTRATIVE SUPPORT</b></p> <p>Notifies appropriate agencies as designated in policy regarding assigned intakes. Completes invoice for imprest funds request and P-Card purchases. Gathers monthly caseload counts for each Adult Protection Worker and distributes to social workers and supervisor by assigned date. Monitors KIPS daily and assigns intakes to Adult Protection Workers when supervisor is absent. Provides clerical support to multiple staff including: Assist Assistant Program Administrator, Adult Protection Workers and Adult Protection Supervisor.</p>

10%	E	<b>PROFESSIONALISM / OTHER</b>  Utilizes formal and informal training opportunities to enhance knowledge of and build skills. Participates in regularly scheduled conferences. Participates, contributes and supports the team effort in planning, delivering and coordinating services.  Back up for the APS Administrative Assistant as needed.
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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?
- (X) Minimal property damage, minor injury, minor disruption of the flow of work.
  - ( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
  - ( ) Major program failure, major property loss, or serious injury or incapacitation.
  - ( ) Loss of life, disruption of operations of a major agency.
- Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Employee will have daily contact with unit staff, staff from other departments, and agency personnel, and frequent contacts with the general public. Community organizations, law enforcement agencies, members of multi-disciplinary teams, community service providers and others to carry out the business of the agency.

25. What hazards, risks or discomforts exist on the job or in the work environment?

Dealing with angry and hostile individuals occurs from time to time. Entering homes that are environmentally unsafe. Employees are instructed to maintain environmental awareness during field work to avoid or otherwise prevent or minimize unsafe situations and unsafe personal contact.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Computer, fax machine, scanner, copier and telephone used daily. State car usage for travel to home visits or agencies as needed.

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

High school diploma.

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Education or Training - special or professional

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Licenses, certificates and registrations

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Special knowledge, skills and abilities

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Experience - length in years and kind

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Must maintain security clearance throughout employment.

Valid Kansas Driver's License

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\_\_\_\_\_  
Signature of Employee                      Date

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Signature of Personnel Official                      Date

**Approved:**

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Signature of Supervisor                      Date

\_\_\_\_\_  
Signature of Agency Head or  
Appointing Authority                      Date